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Lieutenant Governor

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Secretary

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LEWIS H. SPENCE
Commissioner

## The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Social Services

## **Central Office**

24 Farnsworth Street, Boston, Massachusetts 02210 Phone: (617) 748-2000 t Fax: (617) 748-2156

## 2006-2007 Foster Child Grant Program Conditions of Agreement

I,, hereby cer	rtify that I am enrolled in	n a Title IV eligible e	educational program.
The full name and address of the school I a	ım attending is		
The	start date for my prograi	m is/was month	year
Students agree to the following statements	in order to meet eligibil	ity requirements (ple	ease initial):
I am a full time student.			
I have filed a 2006-2007 Free Apphave filed a FAFSA in order to receive this		udent Aid (FAFSA).	It is mandatory to
I have verified with the Department Care and Protection Petition.	t of Social Services that	t I was in the custod	ly of DSS through a
I was in the custody of DSS until r may have remained in care past their 18 <sup>th</sup> closed.) I am under age 25 years old. My	<sup>h</sup> birthday as a voluntar	y consumer or may	the custody of DSS have had their case
I am currently a permanent resident reflects a Massachusetts address.	of the Commonwealth o	f Massachusetts. Th	e FAFSA that I filed
I agree to participate in any voluntar Social Services.	y educational support se	rvice offered to me b	by the Department of
Signature of Student	Printed Name		
Address	City	_ State MA Zip	
Phone Number	Social Security Number	er	

Students must return this form to the DSS Central Office address listed above to the attention of the Adolescent Services Unit. Incomplete forms will be returned unprocessed. Filing deadline for academic year 2006-2007 is July 1, 2006.